

Periscope

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1. *Lesions of Conus Terminalis and Cauda Equina.*—Balint and Benedict report six cases of disease of the lower portion of the spinal cord. The first, a woman of 33, had fallen at the age of 14 years, striking the lower portion of the back. There was severe pain in the sacral region and she was obliged to remain in bed for a year with paralysis of both feet, and inability to pass urine. She had complete anesthesia of the rectum and vagina and bladder, and there were also some other evidences of disease of the lower part of the spinal cord. At the autopsy the fourth and fifth sacral segments were completely converted into neuroglia tissue, and contained neither cells nor fibers. The second and third sacral segments contained a few fibers, and above the fourth lumbar segment the cord was practically normal. The second case, a woman of 40, at the age of 19 developed severe pain in the sacral region. There was anesthesia of the skin of the perineal and gluteal regions, and of the dorsal surface of both thighs. There was also difficulty in urination. The third case, a man of 23, had a severe fall at the age of 5 years. At the age of 12 he had pain in both legs when he attempted to lift a weight. He gradually developed talipes varus in the left foot, which was not permanently cured by tenotomy, and later developed an ulcer. Upon examination there was found to be a defect resembling spina bifida in the sacrum. There was anesthesia in the perineal and gluteal regions. The fourth case, a man of 57, at 54 years developed pain in the sacrum. There was difficulty in urination, and the characteristic disturbance of sensation. Examination also revealed an aneurism, probably of the hypogastric artery, which had eroded the sacrum, and pressed against the lower spinal cord. The fifth case, a man of 27 was exposed to severe chilling of the lower part of the back. He then developed severe pains in the lumbar region, and difficulty in urination. He had the characteristic areas of anesthesia, and in addition anesthesia of the outer side of both feet. The sixth case, a man of 35, had a severe fall one year previously. Three weeks later he had pain in the sacral and gluteal regions. There was difficulty in micturition. There was anesthesia in the gluteal and perineal regions, over the lower portion of the left chest, and both legs. A diagnosis of probable central fibro-

matosis was made. In discussing the symptoms of these cases Balint and Benedict call attention to the fact that in all of them micturition was automatic rather than controlled in any way voluntarily. They show—especially the first case—that the automatic centers of the bladder are not in the sacral regions of the cord, but probably in the sympathetic cells. In regard to defecation they could state that the external sphincter was preserved. There was anesthesia of the rectal mucous membrane, and absence of the anal reflex. Nevertheless, the contraction of the rectum occurred, and therefore the center for this act must also lie external to the sacral cord. In regard to the sexual functions, the data are, to a certain extent, untrustworthy, but it appears that the center must be located in the ganglion cells of the hypogastric plexus, but there is also evidence which tends to show that the center for ejaculation is localized in the conus. The first patient, however, after an injury which destroyed the lower portion of the spinal sacral cord, had a perfectly normal child, the only remarkable feature being that the labor was entirely painless. It follows from this that the centers for uterine contraction cannot possibly be located in the lower sacral segment.

2. *Syphilitic Disease of Basilar Arteries of Brain.*—Falinyi reports three cases of syphilitic disease of the arteries. The first, a man of 22, had been infected two years previously. He had a series of apoplectic attacks, following the last of which he remained unconscious, with paralysis of all the extremities, and died. At the autopsy the chief changes were, thickening of the arteries at the base of the brain, particularly those going to the cerebral portion, some of them being completely obliterated, and softening of the external and lower wall of the left lateral ventricle, including the corpus striatum of the optic thalamus. The second case, a man of 32, had been infected in his youth. He was married, and became the father of five living children. He developed intense headache, diplopia, and impairment of vision. Gradually he emaciated, was persistently somnolent, and died with a diagnosis of cerebral tumor. At the autopsy there was found marked chronic adhesive leptomeningitis of syphilitic nature, syphilitic endarteritis of the right vertebral artery, and softening of the right temporo-sphenoidal lobe. There was also some hemorrhagic meningitis. The third case was a woman of 21, from whom no history could be obtained. There was evidence of an old syphilitic disease, and chronic gonorrhea. In mentality the patient was confused and demented. There were tonic contractions of various muscles, and finally the patient died. The Sylvian arteries on both sides were thickened and obstructed; there was softening of both corpora striata; and syphilitic hyperostosis of the skull. After a careful discussion of these three cases, Falinyi reaches the following conclusion. Syphilis can involve all three layers of the arterial wall. In the intima it produces principally extensive proliferation, which may lead to obliteration. In the least involved portion of the media it causes degeneration with circumscribed miliary foci, with the presence of giant cells. In the later stages of the process the tissue in all three of the layers is replaced by granulated tissue, only the fenestrated membrane remaining intact. The changes in the brain substance appear to be directly secondary to the vascular lesions.

3. *Intraventricular Brain Tumor.*—A girl of 11 years fell from a ladder, striking the left parietal region, and remaining unconscious for ten minutes. At the age of 24, after her first child was born, she had bilateral mastitis, and after this there was almost persistent headache. A year later she had an attack of influenza, after which the headache was

more severe, and often localized to the left parietal region. She frequently had attacks of vomiting without any gastric disturbance, and occasionally, involuntary micturition and defecation. She began to emaciate very rapidly, had attacks of fainting, and finally developed paresis of the facial nerve, the right hand, and right leg, with diminution of sensation in the whole right side of the body. There was also ataxia of motion in the right hand; tenderness to percussion over the left parietal bone, and choked discs. Von Monakow made a diagnosis of tumor of the centrum ovale of the left parietal lobe. Her condition grew steadily worse, and she finally became comatose and died. At the autopsy the left hemisphere was enlarged, and a tumor was found in the left lateral ventricle, adherent to the corpus callosum, and the septum lucidum, but hanging freely in the cavity of the ventricle. The greatest diameters were, transversely, 6.5 cm., and vertically, 5.5 cm. The tumor consisted of small round cells, and was very rich in blood vessels. The glia staining in the tumor substance was negative. Hunziker gives a summary of the cases of intra-ventricular tumors hitherto described. He assumes that his own case is probably gliomatous in nature, although the absence of neuroglia fibers makes it impossible to exclude an outgrowth from the connective tissue of the blood vessels. He notes that many of the tumors reported in the literature showed various intermediary stages between glioma and sarcoma.

4. *Organic Nervous Diseases Combined with Hysteria*.—Hüttenbach reports three cases of organic nervous disease, associated with hysteria, with the following diagnoses. The first case had organic paralysis of the right axillary nerve, association with traumatic hysteria, both conditions apparently following the same injury. The second case, a man of 33, had sciatica on the right side, in addition to hysteria, probably developed on a neuropathic basis. The third case, a man of 51, had a severe injury followed by hematemesis. There was also a fine tremor of the left side of the body, immediately after the fall. This disappeared, but a month later recurred when the patient yawned violently. The arm then became paretic; there was weakness of the left leg; the speech became monotonous, and festination occurred. The right side was not involved. The patient had also propulsion and retropulsion; both hands were in the position of writing, and the expression was mask-like. There was also muscular rigidity, and unilateral disturbance of sensation, involving the mucous membranes.

5. *Progressive Muscular Dystrophy*.—Schlippe reports two cases of progressive muscular dystrophy, in brothers, who, in addition to the very considerable atrophy of the muscles, showed marked atrophic changes in the skeleton, particularly in the shoulder-girdle and arms. In the first case there were marked contractures of the feet.

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